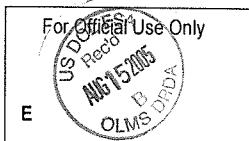


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6967</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Dan</u> <u>Carroll</u> P.O. Box, Bldg., Room No., if any Street <u>19055 S. Leland Road</u> City <u>Oregon City</u> State <u>Oregon</u> ZIP Code + 4 <u>97045</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local 16</u> Labor Organization File Number <u>035-340</u> P.O. Box, Building and Room Number, if any Street <u>2379 NE 178th Ave Suite 16</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-5957</u>
5. Position in labor organization. <u>Union Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-10-05

Date

503-257-1022

Telephone Number

Name of Person Filing Dan Carroll	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Sheet Metal Workers Local 16 Pension Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **PO Box 4148**

City **Portland**

State **Oregon** ZIP Code + 4 **97208**

11.a. Nature of such dealing.

International Foundation Pension Seminar

11.b. Approximate dollar value of such dealing.

\$832

12.a. Nature of interest held or income received.

Actual Reimbursement for expenses to Pension Meeting/Seminar.

12.b. Amount.

\$832

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Sheet Metal Air Conditioning National**

Trade Name, if any: **Association (SMACNA)**

P.O. Box, Bldg., Room No., if any

Street **4380 SW Macadam Ave Suite 580**

City **Portland**

State **Oregon** ZIP Code + 4 **97201**

14.a. Nature of payment.

Christmas Party Dinner

Dinner for Two - Dan and Bonnie (Wife) Carroll.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$100

Name of Person Filing Dan Carroll	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/> Sheet Metal Training Fund</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/> 2379 NE 178th Ave</p> <p>City <input type="text"/> Portland</p> <p>State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97045</p>	<p>11.a. Nature of such dealing.</p> <p><input type="text"/> Income for Training Instructor</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <input type="text"/> \$77,543</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><input type="text"/> Income reported on W-2 for work as a training instructor for year 2004.</p> <hr/> <p>12.b. Amount. <input type="text"/> \$77,543</p>

Name of Person Filing Dan Carroll

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N Fairfax Street Suite #240

City Alexandria

State Virginia

ZIP Code + 4 22314

11.a. Nature of such dealing.

Training and Consulting for HVAC.

11.b. Approximate dollar value of such dealing.

\$4,964

12.a. Nature of interest held or income received.

Reimb Expenses for Training/Consulting	\$1564.00
Per Diem and Consulting Wages	\$3400.00

12.b. Amount.

\$4,964

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File Number U-

Part B Continuation Page

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Trade Name, if any:

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Street

City

State

ZIP Code + 4

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☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street Suite #240

City Alexandria

State Virginia

ZIP Code + 4 22314

11.a. Nature of such dealing.

OSHA Training Seminar

11.b. Approximate dollar value of such dealing.

\$1,011

12.a. Nature of interest held or income received.

Reimb expenses and Per Diem for Seminar on OSHA Training.

Per Diem	\$200.00
Reimb Expenses	\$811.00

12.b. Amount.

\$1,011

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N Fairfax Street Suite #240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Welding Instructor Training Seminar

11.b. Approximate dollar value of such dealing.

\$1,805

12.a. Nature of interest held or income received.

Welding Instructor Training Seminar

Reimb Expenses	\$1445.00
Per Diem	360.00

12.b. Amount.

\$1,805

Name of Person Filing Dan Carroll

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street Suite 240

City Alexandria

State Virginia

ZIP Code + 4 22314

11.a. Nature of such dealing.

Air Filtration Training Seminar

11.b. Approximate dollar value of such dealing.

\$712

12.a. Nature of interest held or income received.

Reimb Expenses/per Diem for Air Filtration Training Seminar

Reimb Expenses	\$532.00
Per Diem	\$180.00

12.b. Amount.

\$712